

# Appendix One

## Update on Hospital Handover & Turnaround Delays

Delays to patient handover give rise to significant concerns including:

- Increased risk to patient safety, quality of care and dignity whilst their access to acute hospital care and associated nursing support is delayed
- Increased risk to the wider patient community arising from the reduction in SECAmb's available capacity to respond to new 999 emergency incidents, and longer average response times as a result
- Potential 'plan wipe out' where ALL resources across a large area are at scene or at hospital, leaving no resource at all to respond to new emergencies
- Longer 'back up' times for patients and paramedics at scene awaiting a double-crewed ambulance where conveyance to hospital is required
- Unsustainable pressure on staff welfare in both ambulance and hospital services as they manage the impact of these delays
- Reduced whole system efficiency and increased costs arising from time lost to delays and any reduction in care quality that may result

## Current Performance & Trends

- SECAmb lost over 47,000 hours to hospital handover and turnaround delays in 2015/16. This represents an increase of 63% in 2 years Trust-wide (with a 100% increase in Surrey).
- General trend is upwards, with around 5,000 hours being lost each month recently
- Despite productive engagement with hospitals, Systems Resilience Groups, CCGs and other partners delays are increasing at most hospitals

## Factors Affecting Handover & Turnaround Delays

Each hospital and local healthcare economy has different challenges, but some common factors observed include:

- Surges in A&E demand (particularly self-presenting patients)
- Staffing capacity in A&E and whether capacity can be matched to demand (quality of operational planning)
- Lack of dedicated 'handover nurse'
- Quality of pathways for 'expected' or GP-referred patients (e.g. ability to handover straight to specialist assessment or ward rather than A&E)
- Speed and quality each hospital's response to escalation and surges in demand

- Choice of priorities and risk preferences (balancing risks in hospital against those to patients in community who have not yet presented)

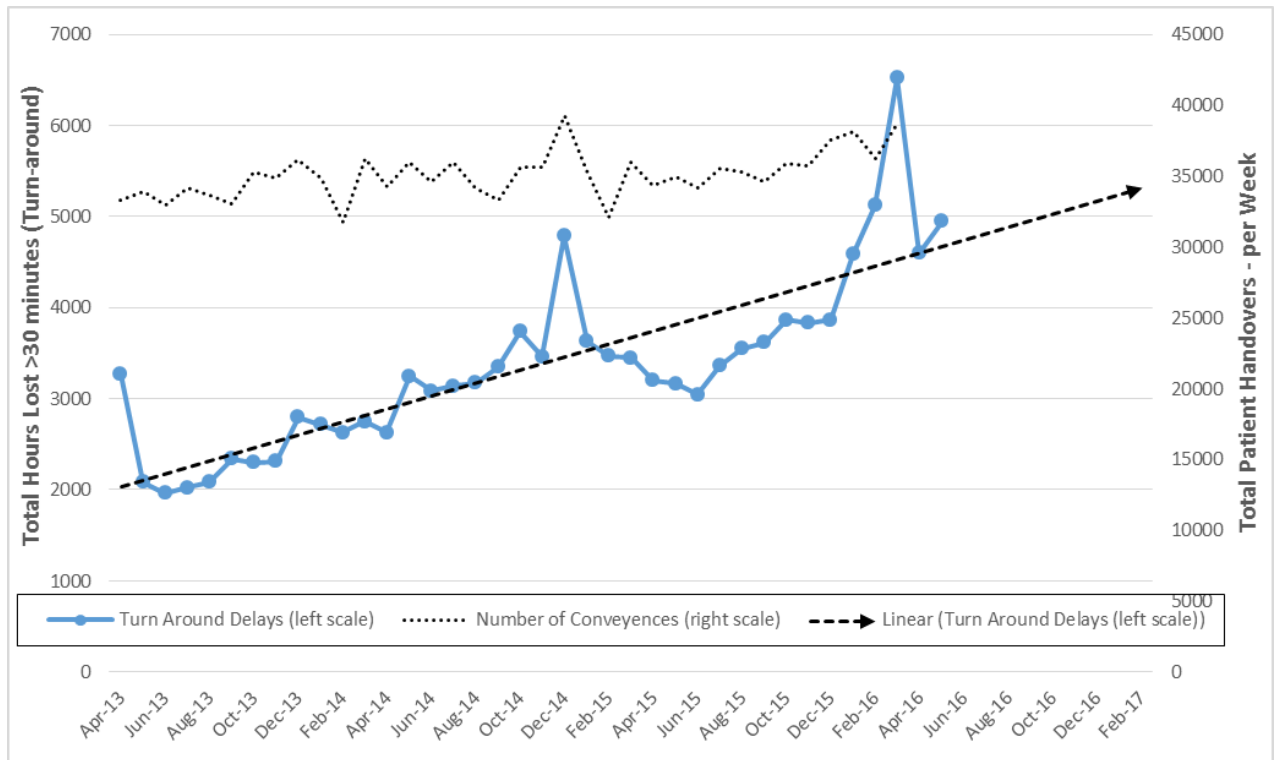
### **Driving Improvement**

Whole system focus on the issue can reduce handover delays and improve patient safety. There is a collective need to:

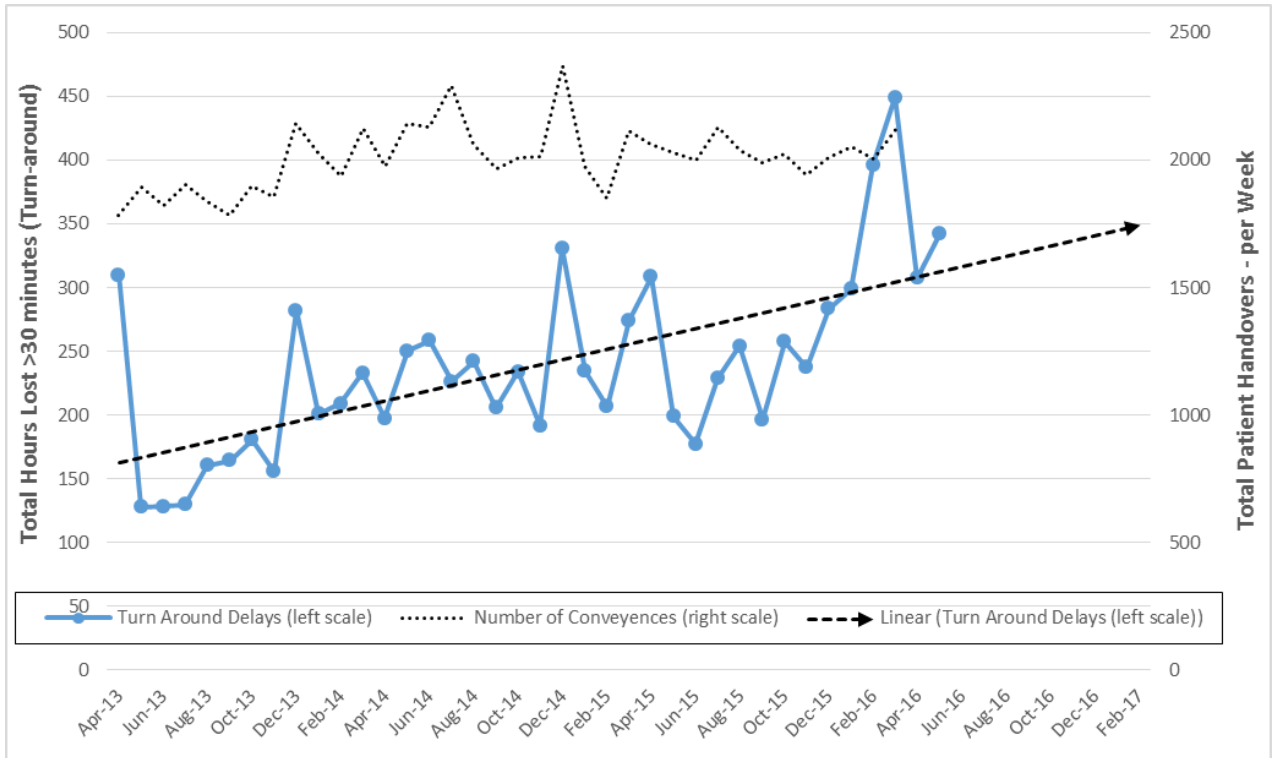
- Address factors above, particularly speed and quality of response to escalation
- Review process and quality in Emergency Departments and identify opportunities to improve (external support such as that provided by ECIP has proved useful)
- Evaluate whether current 'balance of risk' is right – when Emergency Departments are full, ambulances tend to queue up. This pushes risk on to the community and the system should consider more appropriate ways to manage that pressure.
- Ensure ambulance handover is treated with the same priority as the 4 hr A&E standard and agree clear trajectories and action plans to improve performance

## Hospital Handover and Turnaround Performance

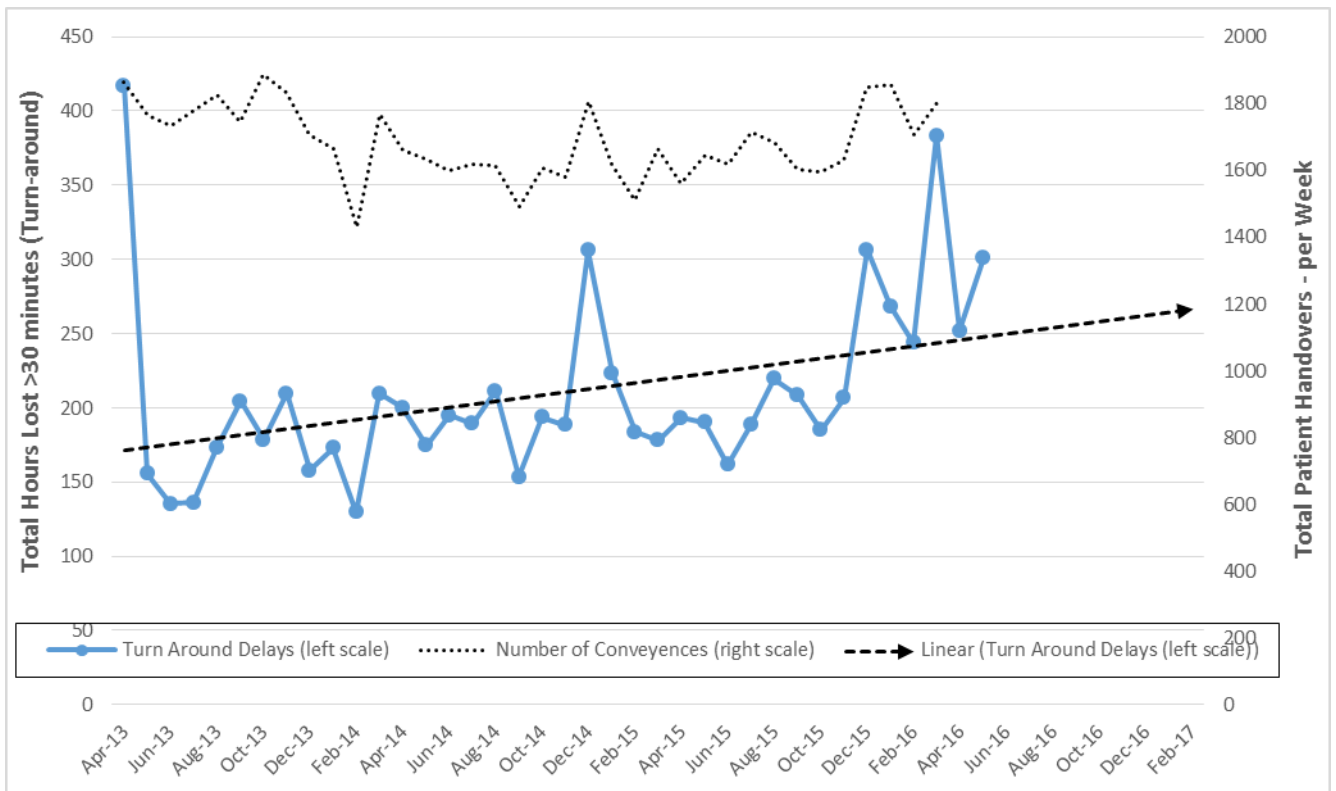
The graphs and table below show the trends in hours lost to delays at key hospital sites across Kent & Medway, Surrey & Sussex from April 2013 to June 2016:



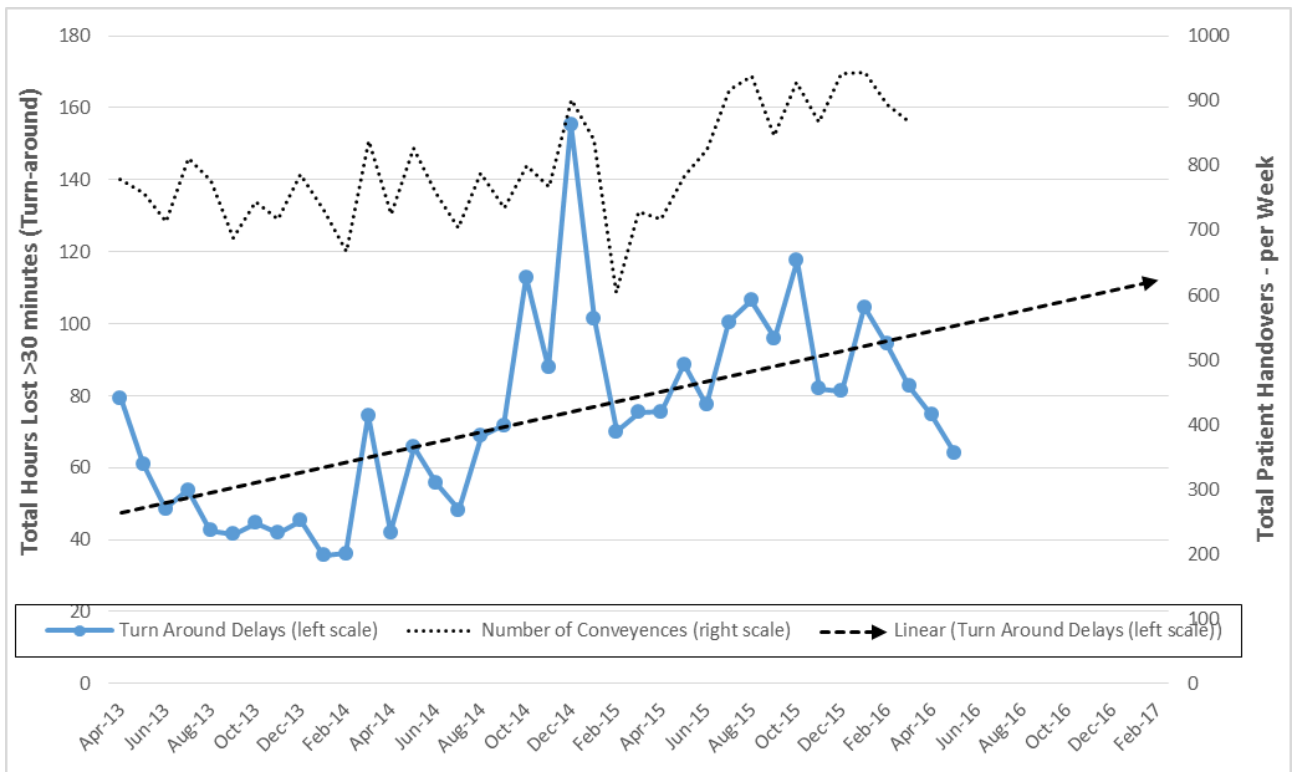
### SECamb Area Overall – hours lost to delays by month



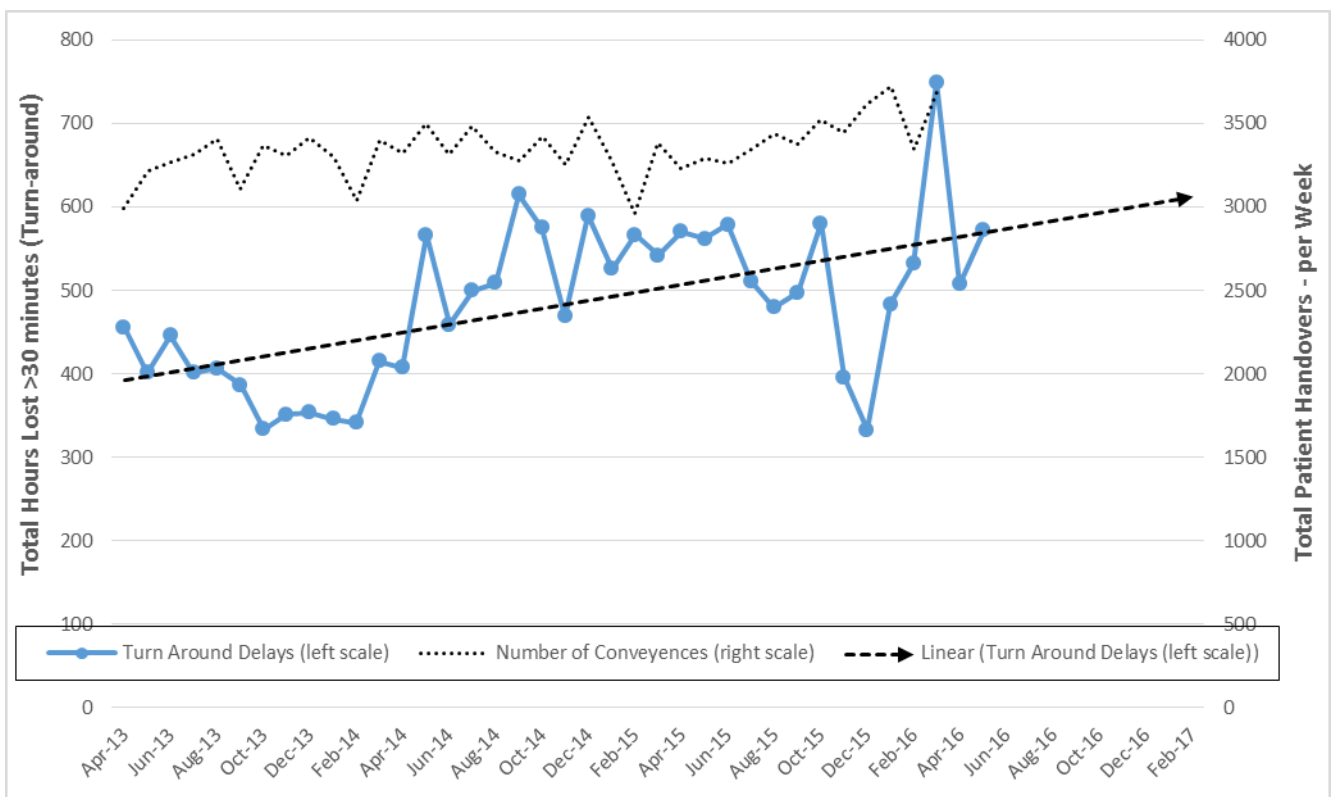
**Conquest Hospital – hours lost to delays by month**



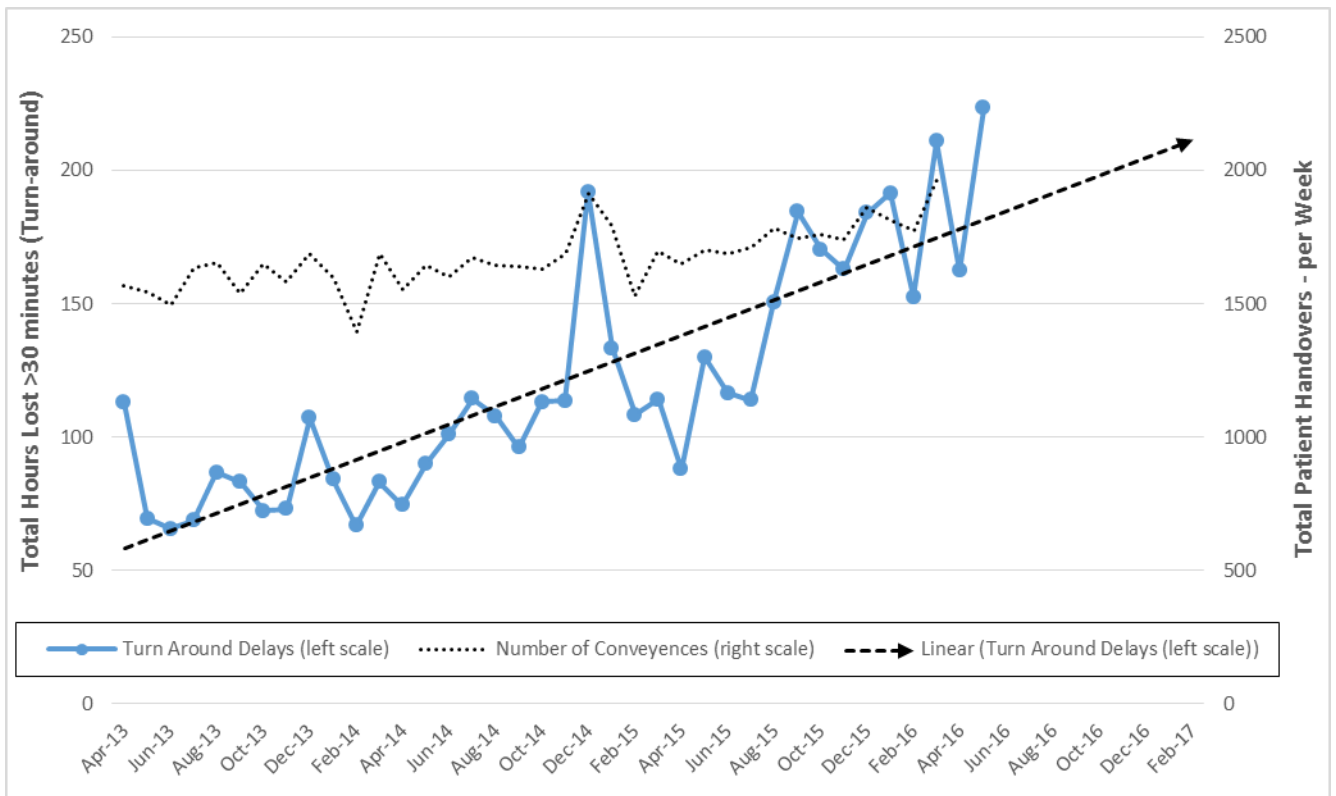
**Eastbourne District General hospital - hours lost to delays by month**



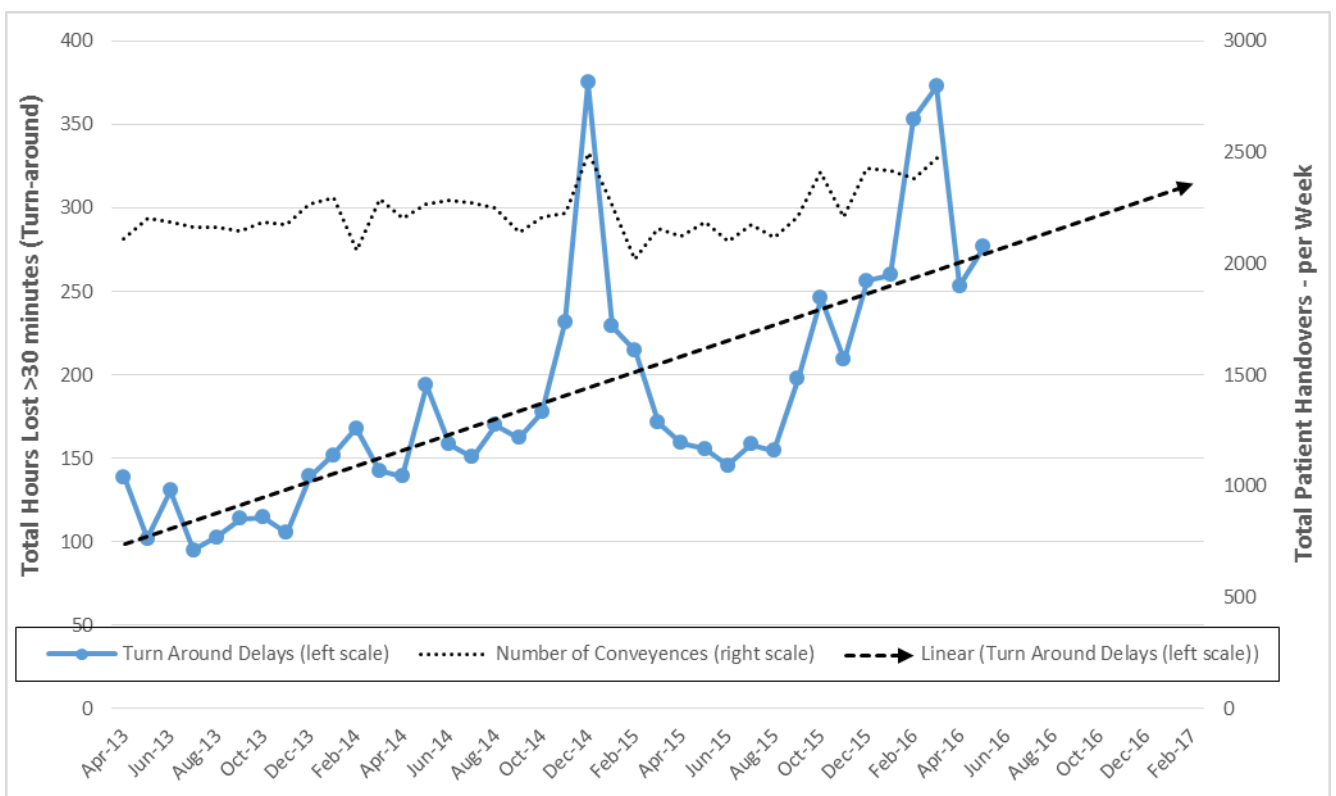
**Princess Royal Hospital – hours lost to delays by month**



**Royal Sussex County Hospital – hours lost to delays by month**



**St Richards Hospital – hours lost to delays by month**



**Worthing Hospital – hours lost to delays by month**

The table below shows year on year trends for the period April to March for hospitals across the SECamb area:

Area	2013-14 (to specified month)	2014-15 (to specified month)	2015-16 (to specified month)	% Growth From 2014-15 to 15-16	% Growth From 2013-14 to 15-16
<b>SECAMB (Hours Lost)</b>	<b>29251</b>	<b>41134</b>	<b>47720</b>	<b>16%</b>	<b>63%</b>
<b>Kent Area</b>	<b>9247</b>	<b>12132</b>	<b>14337</b>	<b>18%</b>	<b>55%</b>
Darent Valley Hospital	1780	2254	3245	44%	82%
Kent and Canterbury Hospital	426	651	869	34%	104%
Maidstone Hospital	376	656	627	-4%	67%
Medway Hospital	3562	3987	3185	-20%	-11%
Queen Elizabeth The Queen Mother Hospital	684	1072	1549	44%	126%
Tunbridge Wells Hosp	1103	1666	1984	19%	80%
William Harvey Hospital (Ashford)	1315	1846	2877	56%	119%
<b>Surrey Area</b>	<b>7731.61</b>	<b>12751.98</b>	<b>15447.41</b>	<b>21%</b>	<b>100%</b>
East Surrey	2187	3757	5248	40%	140%
Epsom General Hospital	585	914	1124	23%	92%
Frimley Park Hospital	1461	2439	2979	22%	104%
Royal Surrey County Hospital	1314	2132	2592	22%	97%
St Peters Hospital, Chertsey	2184	3511	3505	0%	60%
<b>Sussex Area</b>	<b>12272.42</b>	<b>16249.45</b>	<b>17935.58</b>	<b>10%</b>	<b>46%</b>
Conquest Hospital	2279	2850	3284	15%	44%
Eastbourne DGH	2279	2396	2755	15%	21%
Princess Royal	605	955	1107	16%	83%
Royal Sussex County	4635	6320	6269	-1%	35%
St Richards	972	1358	1854	37%	91%
Worthing	1502	2371	2667	12%	78%

